

11017 U.S. PTO
01/26/01

01-29-01

Please type a plus sign (+) inside this box

PTO/SB/05 (11-00)

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UTILITY PATENT APPLICATION TRANSMITTAL

(Only for new nonprovisional applications under 37 C.F.R. 1.53(b))

Attorney Docket No.	4849-000001
First Inventor	Theresa M. Welbourne
Title	Web-Based System and Method of Organizational Performance Analysis
Express Mail Label No.	EL 581 390 758 US

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APPLICATION ELEMENTS

See MPEP chapter 600 concerning utility patent application contents

1. ☒ Fee Transmittal Form (e.g., PTO/SB/17)
(Submit an original and a duplicate for fee processing)
2. ☒ Applicant claims small entity status.
See 37 CFR 1.27.
3. ☒ Specification (Total Pages 22)
(preferred arrangement set forth below)
 - Descriptive title of the Invention
 - Cross References to Related Applications
 - Statement Regarding Fed sponsored R & D
 - Reference to sequence listing, a table, or a computer program listing appendix
 - Background of the Invention
 - Brief Summary of the Invention
 - Brief Description of the Drawings (if filed)
 - Detailed Description
 - Claim(s)
 - Abstract of the Disclosure
4. ☒ Drawing(s) (35 U.S.C. 113) (Total Sheets 4)
5. Oath or Declaration (Total Pages 2)
 - a. ☒ Newly executed (original or copy)
 - b. ☐ Copy from a prior application (37 CFR 1.63 (d))
(for a continuation/divisional with Box 18 completed)
 - i. ☐ DELETION OF INVENTOR(S)
Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).
6. ☐ Application Data Sheet. See 37 CFR 1.76

ADDRESS TO:

Assistant Commissioner for Patents
Box Patent Application
Washington, DC 20231

7. ☐ CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)
8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)
 - a. ☐ Computer Readable Form (CRF)
 - b. Specification Sequence Listing on:
 - i. ☐ CD-ROM or CD-R (2 copies); or
 - ii. ☐ paper
 - c. ☐ Statements verifying identity of above copies

ACCOMPANYING APPLICATIONS PARTS

9. ☒ Assignment Papers (cover sheet & document(s))
10. ☒ 37 C.F.R. §3.73(b) Statement of Power of Attorney (when there is an assignee)
11. ☐ English Translation Document (if applicable)
12. ☒ Information Disclosure Statement (IDS)/PTO-1449 Citations
13. ☐ Preliminary Amendment
14. ☒ Return Receipt Postcard (MPEP 503) (Should be specifically itemized)
15. ☐ Certified Copy of Priority Document(s) (if foreign priority is claimed)
16. ☐ Request and Certification under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.
17. ☐ Other:

18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:

- ☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP) of prior application No: ____ /
 Prior application information: Examiner: ____ Group / Art Unit: ____

For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

17. CORRESPONDENCE ADDRESS

- ☐ Customer Number or Bar Code Label or ☒ Correspondence address below
 (Insert Customer No. or Attach bar code label here)

Name	John A. Miller, Esq.				
	Harness, Dickey & Pierce, PLC				
Address	P.O. Box 828				
City	Bloomfield Hills	State	MI	Zip Code	48303
Country	USA	Telephone	(248) 641-1600	Fax	(248) 641-0270

Name (Print/Type)	JOHN A. MILLER	Registration No. (Attorney/Agent)	34,985
Signature		Date	1-26-01

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS SEND TO Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231

FEE TRANSMITTAL for FY 2001		Complete if Known		
Patent fees are subject to annual revision		Application Number		
		Filing Date		
		First Named Inventor	Theresa M. Welbourne	
		Examiner Name		
		Group / Art Unit		
TOTAL AMOUNT OF PAYMENT	(\$)	512	Attorney Docket No.	4849-000001

METHOD OF PAYMENT (check one)		FEE CALCULATION (continued)	
1. <input type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any over payments to		3. ADDITIONAL FEES	
Deposit Account Number: 08-0750		Fee Code Fee (\$)	
Deposit Account Name: Harness, Dickey & Pierce, PLC		Large Entity Fee (\$)	
<input checked="" type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17		Small Entity Fee (\$)	
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Fee Description	
2. <input checked="" type="checkbox"/> Payment Enclosed		Fee Paid	
<input checked="" type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> Other			
FEE CALCULATION			
1. BASIC FILING FEE			
Large Entity Fee (\$)			
Small Entity Fee (\$)			
Fee Description			
Fee Paid			
101 710 201 355 Utility filing fee		355	
106 320 206 160 Design filing fee			
107 490 207 245 Plant filing fee			
108 710 208 355 Reissue filing fee			
114 150 214 75 Provisional filing fee			
SUBTOTAL (1)		(\$) 355	
2. EXTRA CLAIM FEES			
Total Claims 33 -20** = 13		Extra Claims 13	
Independent Claims 3 -3** = 0		Fee from below 9	
Multiple Dependent		Fee Paid 117	
Large Entity Fee (\$)			
Small Entity Fee (\$)			
Fee Description			
103 18 203 9 Claims in excess of 20			
102 80 202 40 Independent claims in excess of 3			
104 270 204 135 Multiple dependent claim, if not paid			
109 80 209 40 ** Reissue independent claims over original patent			
110 18 210 9 ** Reissue claims in excess of 20 and over original patent			
SUBTOTAL (2)		(\$) 117	
**or number previously paid, if greater, For Reissues, see above			
SUBMITTED BY		Complete (if applicable)	
Name (Print/Type) John A. Miller		Registration No. Attorney/Agent 34,985	
Signature		Telephone (248) 641-1600	
		Date 1-26-01	
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.			
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